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Review Article

A COMPREHENSIVE STUDY OF *PAADAGAT MARMA* WITH SPECIAL REFERENCE TO ITS *VIDHA LAKSHNA*

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ABSTRACT

Marma Sharira, a vital aspect of Ayurveda, refers to critical anatomical points that, if injured, can lead to severe consequences or death. According to *Sushruta,* injuries to *Marma* points cause imbalances in bodily functions, potentially resulting in death. The study focuses on *Marma* points in the *Paadagat* region, including *Kurchshira*, *Kurcha, Talahridaya,* and *Kshipra*, all of which are significant in foot health and can lead to life-threatening conditions. **Aim:** To study about *Paadagat Marma* and its *Vidha Lakshna.* **Objectives**: **1.** To study *Paadagat Marma* points from ayurvedic texts. **2.** To elaborate the anatomical structures related to *Paadgat Marma* on which an injury can possibly cause *Vidha Lakshna* as mentioned in Ayurvedic literature. **Results:** Dissection revealed that each *Marma* is associated with critical structures: *Kurchshira Marma* involves tendons and ligaments, while *Kurcha Marma* is linked to tendons and muscles responsible for foot stability. *Talahridaya Marma* is situated in the sole and is prone to infections and bleeding, while *Kshipra Marma* is associated with arterial damage and tetanus. Each injury presents distinct symptoms, such as pain, swelling, tremors, and functional impairment. **Discussion:** Injuries to these *Marma* points result in varying degrees of disability and may lead to fatal outcomes if not treated immediately. *Kurchshira* and *Talahridaya* are classified as *Rujakara* and *Kalantarapranahara Marma*, respectively, while *Kurcha* and *Kshipra* are *Vaikalyakara Marma* due to their impact on foot function and stability. **Conclusion:** Injuries to *Paadagat Marmas* require urgent medical intervention due to their potential for severe complications, including death, necessitating quick diagnosis and treatment for effective recovery.

INTRODUCTION

According to *Acharya Sushruta,* Ayurveda is the science in which knowledge of life is present (or understood) or by which “life” (long and healthy life) is attained[1].

Marma Sharira is one of the most important subjects of Ayurveda, carrying great significance in the perspective of surgery. Showing the importance of *Marma, Acharya Sushruta* has rightly stated that "an injury on *Marma* may lead to death”.

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Therefore, it has been termed the *Shalya Vishayardha.* If someone is spared from a severe injury after being treated skilfully by a knowledgeable surgeon, they will surely endure great suffering if somehow *Marma* has been affected[2].

Sushruta's commentator "*Dalhana"* clarified this by stating that harm to these vulnerable places could result in death. In his explanation, *Vagbhata* has also mentioned that harm to *Marma* could result in death. *Marma* are the points of convergence for the following anatomical structures: *Mamsa* (muscles), *Asthi (*bones), *Snayu* (tendons), *Dhamani* (arteries), *Sira* (veins) and *Sandhi* (joints) and it also consist of *Agni, Soma, Vayu, Satva, Raja* and *Tama*[3]. If these constituents of the body are disturbed or damaged, it is obvious that the man will die or suffer. This leads to an imbalance of *Gunas (Satva, Raja, Tama)* and *Doshas (Vata, Pitta, Kapha)*. There are five different kinds of

Marma, according to *Parinam*, including *Sadhyoprana hara, Kalantara-pranahara, Vishalyaghna, Vaikalyakara*, and *Rujakara*. There are total of 107 *Marma* within our body; 11 *Marma* within each *Shakha* and 44 *Shakhagata Marma*.

***Marma*- Etymology**

मृ .मिननएमृप्राणत्यागे। **(*Amarakosha 3/5/30*)**[4]

According to the *Amarakosha*, the term *Marma* originated from the *Sanskrit* roots *'Mri Manin'* or *'Mri-Pranatyage,'* signifying "critical points that can cause death."

Definition of *Marma*:

मारयन्तीति मर्माण्युच्यन्ते।। (Su.Sha6/3, Dalhana Teeka)[5]

The *Marma* points are those that can cause death.

अपि च मरणकारित्वान्मर्म।। (As.Sha.7/27)[6]

Marma refers to that which results in or induces death.

म्रियतेऽस्मिन् अङ्ग उपहत इति मर्म (Ah.Sha.4/2 Arunadatta)[7]

The part of the body that, if damaged, causes death.

***Paada* as a part of *Shadanga*:** *Shadanga* is the major classification of body parts. According to *Charak*, *Shadanga* classification includes *Baahu* (upper limbs: 2), *Sakthi* (lower limbs: 2), *Shirogreeva* (head and neck; 1), and *Antaradhi* (trunk: 1). in this *Paada* will come under *Sakthi* classification[8].

According to *Sushruta*, *Shadanga* classification includes four *Sakthi*, one *Madhyama* and one *Shira*. In this, *Paada* will come under the classification of *Sakthi*.

Paada* as *Karmendriya

Charaka has mentioned *Paada* as one among the *Karmendriya* and also stated its function as *Gamana Karma*[9].

Sushruta has mentioned about the *Pramana* of *Paada* in *Aturopakramaneeyam* chapter,

Pramana of *Paada* (length of foot) - 14 *Angula*

***Parinaaha* of *Paada*-** 24 *Angula*

***Vistara* (width) of *Paadatala*-** 5 *Angula*

***Ayadha* (length) of *Prapaada*-** 4 *Angula*[10]

Dalhana has given explanation for *Prapada* as *Paadagram* and *Paadatalam* as *Paadamadyam*.

AIM & OBJECTIVES

Aim

To study about *Paadagat Marma* and its *Vidha Lakshna.*

Objectives

- To study *Paadagat Marma points* from ayurvedic texts.
- To elaborate the anatomical structures related to *Paadgat Marma* on which an injury can possibly cause *Vidha Lakshn*a as mentioned in Ayurvedic literature.

MATERIALS AND METHODS

The research methodology for this study involves a comprehensive approach to understanding the anatomical features of *Marmas* in the "*Paadagat*" region, combining both literary analysis and dissection techniques. Initially, the study will begin with a literary study, wherein detailed descriptions of *Marmas* found in the *"Paadagat"* region will be reviewed from *Ayurvedic* texts, journals, and previously published articles. This will be followed by a dissectional study, where anatomical details related to these *Marmas* will be explored practically through the dissection of cadavers. The study will be conducted at the P.G. Department of Rachana Sharir, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, which serves as the study centre. Cadavers of individuals aged 50 and above, sourced from the Department, will be used for dissection to explore the anatomical structures of the *Paadagat* region. The dissection steps will follow the methodology outlined in *Cunningham's Manual of Practical Anatomy*, ensuring a structured and systematic approach to the dissection process.

Paadagat Marma

There are four *Marma* in the region of *Paada.* They are classified as *Marma* of the limbs (*Sakthi Marma* points).

1. *Kshipra Marma*

***Nirukti* (Etymology)**

The word "*Kshipra"* is originated from the क्षिप्. श्स्फायितञ्चिवञ्चीतिश, which is associated with meanings such as "to throw," or "to cast." This interpretation is reflected in classical *Sanskrit* text also, such as the *Shabdhakalpadruma*, where *"Kshipra*" is synonymous with the term like *"*शीघ्रम्*"* quick).

According to Monier-Williams's dictionary, these terms are used to describe actions performed with speed or promptness.

तत्र पादस्याङ्गुष्ठाङ्गुल्योर्मध्ये क्षिप्रं नाम मर्म, तत्र विद्धस्याक्षेपेणमरणम्।। **Su.Sha.6/25)**[11]

अंगुष्ठांगुलिमध्यस्थं क्षिप्रमाक्षेपमारणम् ।। **(Ah.Sha.4/3)**[12]

अङ्गुष्ठाङ्गुल्योर्मध्येक्षिप्रं तत्राक्षेपकेणमरण्। **(As.Sha.7/4)**[13]

Kshipra Marma is situated between the great toe and second toe.

Number: 4 in number, 2 in the hands and 2 in the foot.

Type: *Shadangatmaka- Shakagata Marma*

Rachanatmaka- Snayu Marma

Parinamatmaka- Kaalantarapraanahara

***Pramana*:** ½ *Angula*

Injury to this *Marma* can leads to death due to *Akshepaka*.

2. *Talahridaya Marma*

***Nirukti* (Etymology)**

The term *"Talahridaya"* is derived from *Sanskrit* word, **"**तलतीति । तल् अच्श means "that which is below" or "situated at the bottom".

"पादतलस्य मध्यम्। इतिहेमचन्द्रः**"** means "the middle of sole" or "the middle of the foot". *"Hridaya"* means heart or center. Thus, *"Talahridaya"* literally translates to the 'center of the sole.'

In Monier Williams' Sanskrit dictionary, *"Tala"* denotes a surface, level, or flat roof, reinforcing the idea that *"Talahridaya"* refers to the central part of the foot's sole.

मध्यमाङ्गुलीमनुपूर्वेण मध्येपादतलस्य तलहृदयंनाम, तत्ररुजाभिर्मरणम्। U.Sha.6/25)[14]

मध्येपादतलस्याहुरभितो मध्यमाङ्गुलिम् ।

तलहृन्नाम रुजया तत्र विद्धस्य पञ्चता।। (Ah.Sha.4/2)[15]

मध्यमाङ्गुलिमभितोमध्येपादतलस्यतलहृदयंनाममर्मतत्रविद्धस्यरुजयामरणम्। (As .Sha.7/4)[16]

Talahridaya Marma is located in the middle of the foot.

Number: 4 in number, 2 in the hands and 2 in the foot.

Type: *Shadangatmaka - Shakagata Marma*

Rachanatmaka - Mamsa Marma

Parinamatmaka - Kaalantarapraanahara

Pramana: *½ Angula*

- If there is any *Abhigata* to *Talahridaya*, it will lead to continuous pain and *Marana* if not treated properly at the given time.

3. *Kurcha Marma*

***Nirukti* (Etymology)**

The term "*Kurcha"* derives from the *Sanskrit* words "कुर्. चट् निपातनात् दीर्घः ब्रत ं मयूरपुच्छमुष्टिः.कुशमुष्टिः i.e., "fist of grass" or "a handful of grass" as explained in *Shabdhakalpadruma*.

According to the Monier Williams dictionary, *"Kurcha"* signifies a bundle or bunch of something, such as a bundle of grass.

क्षिप्रस्योपरिष्टादुभयतःकूर्चा नाम, तत्रपादस्य भ्रमणवेपनेभवतः। (Su.Sha.6/25)[17]

तस्योर्ध्वं द्वयङ्गुलेकूर्चः पादभ्रमणकम्पकृत्। (Ah.Sha.4/3)[18]

क्षिप्रस्योपरिद्वयागुंलउभयतःकूर्चः, तत्रपादस्यभ्रमणवेपनेभवतः। (As.Sha.7/4)[19]

Kurcha Marma is situated above both sides of *Kshipra Marma*.

Number: 4 in number, 2 in the hands and 2 in the foot.

Type*:* *Shadangatmaka - Shakagata Marma*

Rachanatmaka- Snayu Marma

Parinamatmaka - Vaikalyakara

Pramana: *4 Angula*

- Injury to the *Kurcha Marma* causes *Bhramana* (twisting, twitching) *Kampa* and *Vepana* (tremors).

4. *Kurchashira Marma*

In the *Shabdhakalpadruma*, the term *Kurchashira* is defined as **"**कूर्चस्य शिरः इवशिरोऽस्य**"** it means *"Shira"* or part of the body associated with *Kurcha*.

According to Monier Williams's dictionary, it refers to the upper part of the foot. In other English terms, *Kurchashira* is described as the upper section of the foot.

गुल्फसन्धेरध उभयतः कूर्चशिरो नाम, तत्र रुजाशोफौ। (Su.Sha.6/25)[20]

गुल्फसन्धेरधः कूर्चशिरः शोफरुजाकरम् ।। (Ah. Sha.4/4)[21]

गुल्फसन्धेरधः कूर्चशिरः तत्ररुजाशोफौ। (As.Sha.7/4)[22]

Kurchashira Marma is situated just below the *Gulpha Sandhi* on both sides.

Number: 4 in number, 2 in the hands and 2 in the foot.

Type: *Shadangatmaka - Shakagata Marma*

Rachanatmaka- Snayu Marma

Parinamatmaka - Vaikalyakara

Pramana: *1 Angula*

Pain associated with swelling can be seen in the *Abhigata* of *Kurchasira Marma.*

OBSERVATION

In this dissertation, study has been conducted on the concept of *Paadagat Marma* with special focus on its *Vidha Lakshna*. For this purpose, anatomical exploration of *Paadagat* region has been done w.s.r to *Marma* and its *Vidha Lakshna*.

Dissection Findings

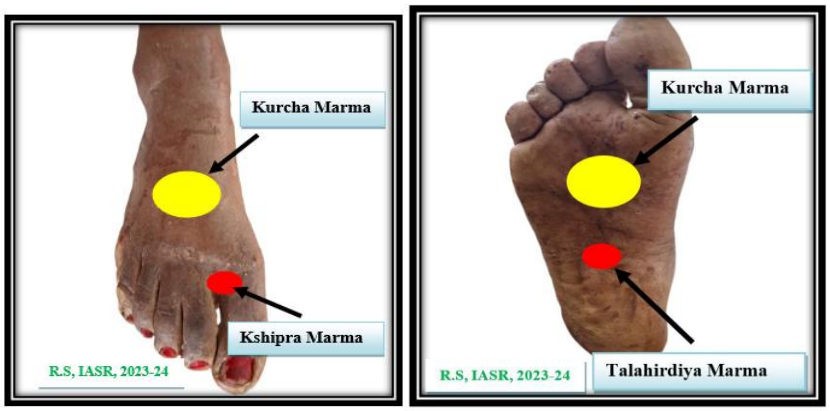

Fig.1. Dorsum & Plantar of Foot Showing sites of *Paadagat Marma*

Fig.2. Medial & Lateral Aspect Showing Site of *Kurchshira Marma*

Foot Dissection Images

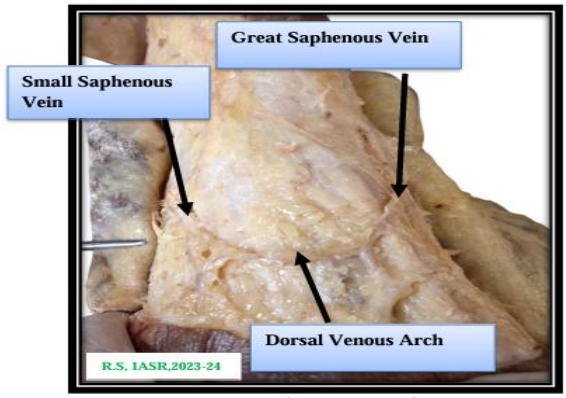

Fig 3: Dorsal Venous Arch

Fig4: Superficial Peroneal Nerve

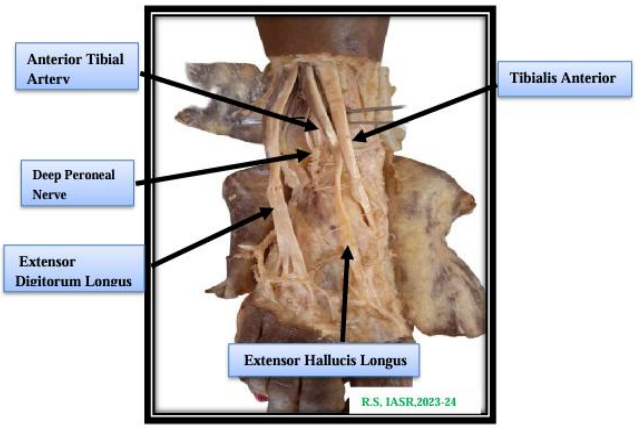

Fig6: Contents of Retinaculum

Fig7: Tendon of Extensor Digitorum Longus

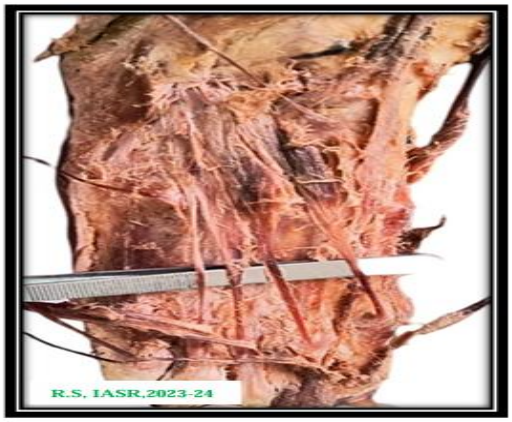

Fig 8: Tendon of Extensor Digitorum Brevis

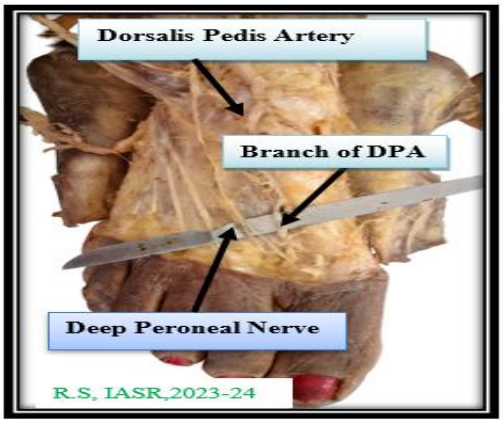

Fig 9: Deep Peroneal Nerve and DPA

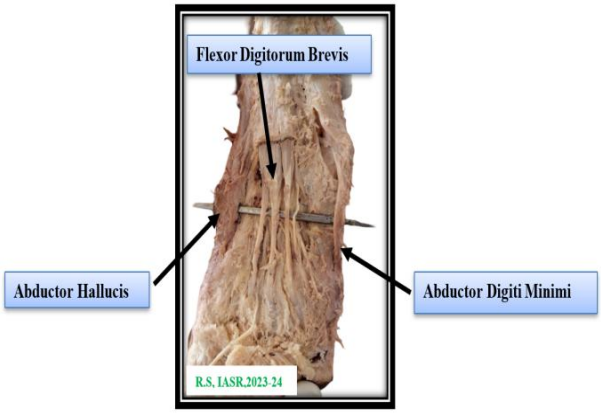

Fig 10. Muscle of the First Layer of the Sole

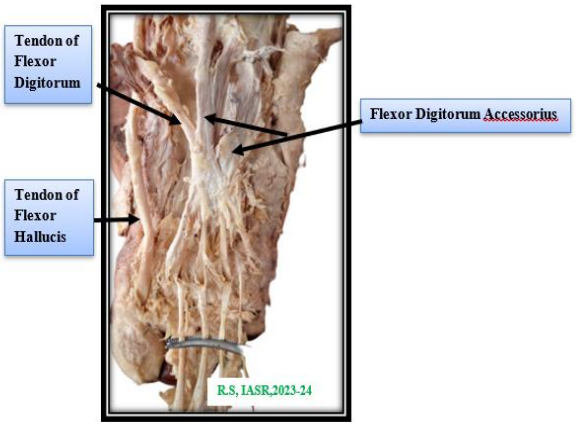

Fig 11. Muscle of the 2nd Layer of the Sole

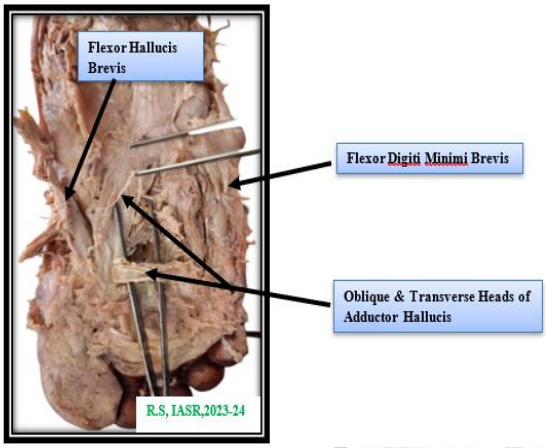

Fig12. Muscle of the 3rd Layer of the Sole

Fig 13. Plantar Arch

Fig 14. The Plantar Interossei

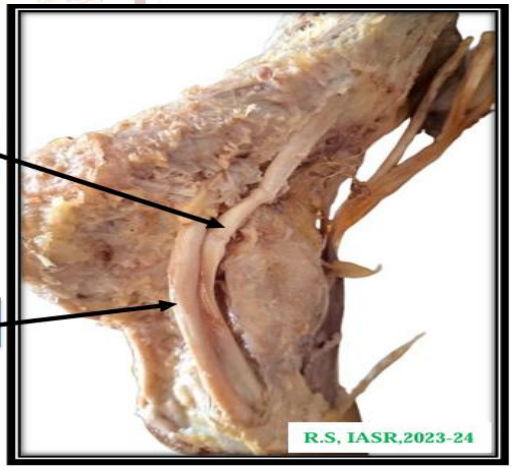

Fig 15. Peroneus Longus and Brevis

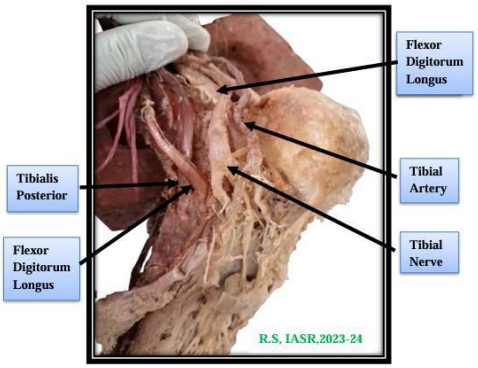

Fig16. Contents of Flexor Retinaculum

Table 1: Anatomical structures found at the site of *Kurchshira Marma*

Kurchshira Marma	**Anatomical structures found at the site**
Medial Aspect	Peroneal retinaculum, peroneus longus, peroneus brevis, lateral tarsal artery of dorsal pedis artery, lateral talo-calcaneal ligament, calcaneo-fibular ligament, talus bone, calcaneus, subtalar joint.
Lateral Aspect	Flexor retinaculum, Tibialis posterior, flexor digitorum longus, flexor hallucis longus, medial tarsal arteryof dorsal pedis artery, posterior tibial artery, tibio-calcaneal ligament, medial talo-calcaneal ligament.

Table 2: Anatomical structures found at the site of *Kurcha Marma*

Kurcha Marma	**Anatomical structures found at the site**
Dorsal Aspect	Tendon of extensor digitorum longus and brevis, extensor hallucis longus, dorsal metatarsal arteries, peroneal nerve, Dorsal interossei,2nd, 3rd and 4th metatarsal bones, Tarsometatarsal joint
Plantar Aspect	Plantar aponeurosis, tendon of flexor digitorum brevis and longus, branches of medial plantar nerve, adductor hallucis, flexor hallucis brevis, lumbrical muscle, Plantar interossei, tendon of flexor hallucis brevis and longus.

Table 3: Anatomical structures found at the site of *Kshipra* and *Talahirdiya Marma*

Marma	**Anatomical structures found at the site**
Kshipra Marma	Tributaries of Dorsal Venous arch, extensor hallucis longus, extensor digitorum brevis, branches of dorsalis pedis artery, deep peroneal nerve, first dorsal interosseous muscle, 1st lumbrical, adductor hallucis, branch of medial plantar nerve, deep transverse ligament, proximal phalanges of 1st and 2nd toe. metatarsophalangeal joints of 1st and 2nd toe.
Talahirdiya Marma	Plantar aponeurosis, flexor digitorum brevis, medial plantar artery, lateral plantar artery, branches of medial plantar nerve and lateral plantar nerve, flexor digitorum longus, flexor digitorum accessories, oblique head of adductor hallucis, plantar arch, peroneus longus, cuneiform bone, cuboid and metatarsal bones, tarsometatarsal joints.

DISCUSSION

Discussion on *Kurchshira Marma Vidha Lakshna:*

कूर्चशिरो नाम, तत्र रुजाशोफौ। (Su. Sha.6/25)

Ruja (pain) and *Sopha* (swelling) in the *Marma Pradesha* can happen for several reasons:

- Peroneal tendinopathy typically presents with pain, inflammation, and swelling along the posterolateral ankle, often leading to deformity. Gradual pain escalation can indicate chronic issues, while acute injuries may cause sudden symptoms.
- Peroneus Brevis tendon typically ruptures due to violent dorsiflexion when the foot is everted. Initial symptoms include pain, swelling, and a snapping sensation from the posterolateral aspect of the ankle.
- Tibialis posterior tendinopathy typically presents as discomfort along the medial foot and ankle. Patients often report that pain worsens with high-intensity or high-impact activities Swelling is also a common symptom, with edema noticeable along the posterior tibial tendon, stretching from the lower leg down to the medial foot and ankle.
- Symptoms of lateral talo-calcaneal, calcaneo-fibular ligament or other ankle ligament injuries include pain, swelling, bruising, a popping sound, weight-bearing difficulty, looseness, and weakness.

Discussion on *Kurcha Marma Vidha Lakshna*

कूर्चा नाम, तत्रपादस्य भ्रमणवेपनेभवतः। (Su. Sha.6/25)

Paada Bhramana (twisting, twitching) and *Vepana* (tremors) can happen in *Marma Pradesha* for several reasons:

- **Injury to the Tendons of the Extensor Group:** Damage to the tendons of muscles in the extensor group, such as the extensor digitorum longus and extensor digitorum brevis, can lead to a condition called foot drop. This results in difficulty lifting the front of the foot.
- **Injury to the Tendons of the Flexor Group and Plantar Aponeurosis:** Injury to the tendons of the flexor group and the plantar aponeurosis can result

in the loss of the longitudinal arch of the foot. This may lead to flatfoot or other structural issues.

- **Injury to Plantar Interossei and Lumbricals**: Injury to the plantar interossei and lumbricals can cause claw foot deformity, where the toes bend in a claw-like manner due to imbalances in muscle function.

Discussion on *Talahridaya Marma Vidha Lakshna*

तलहृदयंनाम, तत्रापिरुजाभिर्मरणम्। (Su.Sha.6/25)

Injury will lead to *Ruja (*pain)and *Marana* if not treated properly at the given time.

The symptoms may occur due to following reasons:

- Since *Sira* and *Dhamani* are located within the *Mamsa* (muscle), an injury to the muscle can cause *Rakta Srava* (bleeding). Additionally, *Dhathukshaya* can lead to increased *Vata Dosha*, resulting in severe pain and potentially death (*Marana*).
- Beneath the muscles in the sole lies the network of vascular structures. Penetrating injuries or foreign objects can cause internal bleeding in the muscles. Neglecting these injuries can lead to cellulitis or abscess formation. If untreated, it may progress to osteomyelitis or septic arthritis in the foot.
- Clostridial soft-tissue infections, such as gas gangrene, typically arise hours or days after severe crushing or penetrating injuries that damage tissue and create low-oxygen conditions. The presence of foreign material increases the risk of these infections.
- Key Symptoms include initial pain, severe pain may occur even before other symptoms.
- And the affected area is swollen and tender.
- As the infection progresses, patients may show signs of toxicity, including: rapid heart rate (tachycardia), pallor, low blood pressure (hypotension), shock and kidney failure can occur. Bacteremia with hemolysis occurs in about 15% of cases[23].
- Damage to plantar nerves and metatarsal bones can cause nerve-related pain.
- Indirect trauma to the foot, often resulting in fractures of the neck of the 2nd and 3rd metatarsals, leading to mid-foot pain.
- Stress fractures of the metatarsals can occur, which is a common cause of chronic mid-foot pain.

Discussion on *Kshipra Marma Vidha Lakshna*

क्षिप्रं नाम मर्म, तत्र विद्धस्याक्षेपेणमरणम्।। (Su.Sha.6/25)

Injury to this *Marma* can leads to death due to *Akshepaka*.

This symptom may occur due to following reason:

- Severe injury to arteries of this area can cause significant bleeding. If not controlled, this can lead to shock, which can be life-threatening.
- Tetanus is caused by the bacteria Clostridium tetani, often entering the body through puncture wounds. If an injury to the foot leads to a deep wound and is contaminated with the bacteria, tetanus can develop.
- Tetanus causes muscle stiffness and spasms, especially in the jaw (lockjaw), which can affect breathing and lead to respiratory failure.

  If untreated, tetanus can be fatal, especially in unvaccinated individuals. Blood vessel injury itself doesn't directly cause death from tetanus, but the combination of severe injury and infection increases risk.

CONCLUSION

1. *Kurchshira Marma*: Injuries to this *Marma* in the ankle cause pain (*Ruja*) and swelling (*Sopha*), often from conditions like peroneal tendinopathy, tendon ruptures, or ligament injuries. These symptoms result in functional impairment and highlight the *Marma's* involvement. Due to the predominance of pain, it is classified as a *Rujakara Marma.*

2. *Kurcha Marma:* Damage to this *Marma* can cause foot twisting (*Paada Bhramana*), tremors (*Vepana*), and motor disturbances, typically from tendon or nerve injuries. Conditions like foot drop, flatfoot, or claw foot deformity may arise, indicating nerve involvement (e.g., peroneal nerve). It is classified as a *Vaikalyakara Marma*, as it affects foot stability and function.

3. *Talahridaya Marma*: Injuries to this muscle-rich *Marma* can cause severe pain (*Ruja*) and even death (*Marana*) in extreme cases. Complications like bleeding (*Rakta Srava*), infections, and nerve damage are common, posing significant risks. It is classified as a *Kalantarapranahara Marma* due to its life-threatening potential.

4. *Kshipra Marma*: This *Marma* is prone to fatal outcomes, primarily from severe arterial damage, resulting in major bleeding and shock. Infections like tetanus from contamination can lead to respiratory failure. Its critical nature places it in the *Kalantarapranahara Marma* category, highlighting the urgent need for medical intervention.

Overall, injuries to these *Marma* areas require immediate attention, proper diagnosis, and treatment to prevent severe consequences and ensure recovery.

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